

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 596588 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7	1		1			
8		1		1		
9						
10						
11						
12						
13						
14			1			
15						
16						
17						
18						
19						
20	j		i			
21						
22						
23						
24						
25						
26						
27			i			
28						
29						
30						
31						
32						
33			j			
34						
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42						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.			33			
TOTAL CLAIMS			39			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						